

APPLICATION FOR NAVY CONTRACT POSITIONS
THIS IS NOT A CIVIL SERVICE POSITION
ISSUE DATE: 24 NOVEMBER 2003

I: IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE 8 DECEMBER 2003. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

Naval Medical Logistics Command
ATTN: Code 02 – 22V
1681 Nelson Street
Fort Detrick, MD 21702-9023

E-MAIL: Acquisitions@nmlc.med.navy.mil
TELEPHONE : 301-619-3199

A. NOTICE. This position is set aside for individual Health Educator. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior written approval of the Contracting Officer.

B. POSITION SYNOPSIS. The Government is seeking to place under contract an individual who holds a current, unrestricted license to practice in the area of nursing or allied health in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This person will perform the duties of a Health Educator. This individual must also (1) meet all the requirements contained herein; and, (2) competitively win this contract award (see paragraphs D and E).

You shall provide services as a Health Educator at the Naval Medical Clinic Quantico, VA.

You shall provide services Monday through Friday, excluding Federal holidays, between the hours of 0730 and 1830 (7:30 AM to 6:30 PM). Specific hours may change at the discretion of the Commanding Officer. In no instance will you be required to provide services in excess of 80 hours per two-week period. You shall arrive for each scheduled shift in a well rested condition and shall have had at least 6 hours of rest from all other duties as a Health Educator.

You shall accrue 8 hours of paid leave, combined annual (vacation) and sick leave, at the end of every 2-week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence.

This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 Sep of the following fiscal year, with options to extend the contract for a total of five years. The contract will be renewable each year at the option of the Navy.

If you are the successful applicant, the Contracting Officer will mail you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will get paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commanding Officer, Naval Medical Clinic Quantico, VA, or designated representative, e.g. Technical Liaison.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

Credentialing Requirements. Upon award, the health care workers shall complete an Individual Professional File (IPF) prior to performance of services. The IPF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66D, Appendix S (or current version) details the IPF requirements. A copy of this instruction may be obtained via the internet at <http://nmo.med.navy.mil/Files/Media/directives/6320-66d.pdf>.

The health care worker may be required to travel during the term of the contract. The Commanding Officer must approve the travel in advance. The health care worker shall be responsible for making all travel arrangements and purchasing of tickets as required. The health care worker should request Government rates for all tickets and reservations. After travel is completed the healthcare worker shall provide receipts for all travel tickets, rental car receipts, gas receipts and hotel receipts and the DD 250 within 5 working days after completion of the travel to the Technical Liaison. The Technical Liaison will approve/disapprove all travel costs.

C. Standard Duties and Responsibilities. You shall perform a full range of health care and wellness procedures as defined by the Commanding Officer, using government furnished facilities, equipment, and supplies within the assigned unit of the Medical Treatment Facility (MTF). While providing services as a Health Educator, you shall be responsible for integrating the Put Prevention Into Practice Program (PIPP) into the overall ambulatory care delivery system. Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

1. Coordinate with the Health Promotion Office in utilization of Health Enrollment Assessment Review (HEAR) data.
2. Develop and coordinate the process to make patient appointments for HEAR and PPIP report review with high risk and frequent users of health care. Contact these patients to schedule education opportunities in a classroom format, in one on one appointments, or through other appropriate means.
3. Ensure patients are contacted and advised to have appropriate disease management follow-up based on HEAR report review of chronic conditions and/or PPIP report visit.
4. Review HEAR and PPIP reports for delinquent preventive services, contact the patient, and schedule an appointment for the clinical preventive services. Ensure that all enrollees receive their clinical preventive services at recommended age intervals.
5. Utilize HEAR group data when available or other database to determine the health risk of the "population" and how to improve the overall health of the enrolled population. Educate the enrolled population about the Healthwise handbook and how to use it for home care.
6. Develop and teach preventive health maintenance classes based on PPIP guidelines.

7. Coordinate patient referral to other on-base preventive health classes of Family Advocacy, Nutritional Medicine and SEMPERFIT for smoking cessation, parenting, stress management, weight management, weight reduction, aerobic exercise classes, etc.
8. Provide teaching and counseling on a one-to-one basis for life style modification and prevention of injury and disease based on HEAR and PPIP reports.
9. Manage and coordinate multidisciplinary cholesterol education classes and schedule patents as needed.
10. Perform order entry according to established criteria for cholesterol screening.
11. Coordinate with Nutritional Medicine regarding cholesterol education classes and schedule patients as needed.
12. Document patient education in accordance with established DoD PPIP guidance, MTF and accreditation standards including but not limited to, and JCAHO.
13. Competently operate Microsoft computer programs and use of CD-ROM programs.
14. Manage, organize, stock, order, inventory and dispense patient education material collegiality with the SEMPERFIT center.
15. Collect and track trends, metrics, and data for HEAR reviews and PPIP clinical preventive screening, such as Cholesterol Education Program and other preventive health maintenance education initiatives/classes accomplished.
16. Make recommendations to PPIP Coordinator and Adult Ambulatory Care Element management for QI initiative to focus on improving patient outcomes, decreasing hospital admissions and reducing utilization of other health care resources.
17. Participate as member of the Health Benefits Goal Team.
18. Use metrics/measures in performance of services.
19. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-C) Certification.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Graduate from an accredited school of nursing in nursing or Allied Health career field. (Attachment I, Item II)
2. Possess a current, unrestricted license to practice nursing or allied health care in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

– OR –

Possess a degree in allied healthcare with experience in health education. The Contractor is responsible for complying with all applicable state licensing regulations. (Attachment I, Item III)

3. Possess current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. (Attachment I, Item IV)

4. Possess experience of at least 4 years within the last 7 years in the Public Health, Occupational or Preventive Health management fields.
5. Possess experience in patient teaching/training skill, both individually and in groups. This experience should be addressed in letters of recommendation.
6. Provide three letters of recommendation from practicing physicians or nurse supervisors attesting to your clinical and professional skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written with the preceding 5 years.(Attachment I, Item VIII)
7. Be eligible for U.S. employment. (Attachment I, Item VII)
8. Represent an acceptable malpractice risk to the Navy.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other Health Educators using the following criteria, listed in descending order of importance:

1. Quality and quantity of experience as it relates to the duties contained herein. Candidates who possess experience at NMCL, Quantico or a similar military facility will be given the highest consideration.
2. Possess a Master's degree in nursing or Allied Health.
3. The letters of recommendation may enhance your ranking if they address such items as clinical and professional skills, competencies, patient rapport, training abilities, etc.
4. Experience of at least 2 years in the Public Health, Occupational or Preventive Health management fields.
5. Familiarization with computers, database management and work processing.
6. Prior medical experience in a DoD facility.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed " Personal Qualifications Sheet – Health Educator " (Attachment I)
2. _____ A completed Pricing Sheet (Attachment II)
3. _____ Proof of employment eligibility (Attachment III).
4. _____ Three or more letters of recommendation per paragraph D.3., above.
5. _____ Central Contracting Registration Confirmation Sheet (Attachment IV)

G. OTHER INFORMATION FOR OFFERORS.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information, OR can be requested from the contract specialist listed below. After your application is received and reviewed, the Government will provide one of the following responses to you: (1) we will call you to negotiate your price or, (2) we will ask you to submit additional/clarifying information to ensure that you meet the requirements of this position or (3) we will notify you by letter that you did not win the contract award, or (4) we will make contract award from your application.

If you are the successful applicant, the contracting officer will mail to you a formal Government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment II, Pricing Information.

All government and potential government contractors are required to register with Central Contractor Registration (CCR) prior to award. To obtain information, access the CCR website at <http://www.ccr2000.com> to register online. You are highly encouraged to register online using the above website address. You may also contact the CCR at 1-888-227-2423. If you obtain acknowledgement of your CCR registration and/or receive a Dun and Bradstreet Number and/or a CAGE Code, please include that information with your application. In order to receive a contract award, you MUST be registered in CCR, but please DO NOT DELAY mailing your application if you have not received confirmation of your registration in CCR; your application must be received by the closing date and time established on page 1 of this Application for Navy Contract Position. Any contractor who is not registered in the CCR will NOT get paid.

The Navy is committed to a paperless acquisition process by the year 2000. This application package is available on the Naval Medical Logistics Command homepage at <http://www-nmlc.med.navy.mil/Code02/contractorinfo.htm>

Any questions must be directed to acquisitions@nmlc.med.navy.mil by fax at (301) 619-6793 or by telephone at (301) 619-3199. **NOTE: Reference "Code 22V" in the subject line of all e-mails sent to the stated address.**

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET – HEALTH EDUCATOR

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Section D of the solicitation. In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item VIII. of this Sheet.
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur:
 - a. Your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that your are no longer eligible for future Government contracts.
 - b. You may loose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioners Databank.
4. Unless otherwise specified, the Government reserves the right to transfer to the gaining Contractor the credentials of a health care worker who has been granted delineated clinical privileges on a predecessor contract without a new or additional credentialing action. This extension may only occur:
 - a. within the same command,
 - b. when there is no increased clinical competency requirement of the health care worker,
 - c. when there is no significant change in the scope of clinical practice of the health care worker,
 - d. when there is no gap in performance between the contracts and,
 - e. when the health care worker has had acceptable performance evaluations.
5. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

6. Practice Information:

	<u>Yes</u>	<u>No</u>
a. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	_____	_____
b. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	_____	_____
c. Has your license to practice or DEA certification ever been revoked or restricted in any state?	_____	_____

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on these pages and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____(mm/dd/yy)

 (Signature) (Date)

I. General Information

Name: _____ SSN: _____
 Last First Middle

Date of Birth: _____
 Address: _____

Phone: (____) _____

II. Professional Education

Nursing School (Section D, Item 1):

a. Name of Accredited School:	Date of Training (From)	(To)
_____	_____	_____
b. Type of Degree: _____		
c. Location and Address of School:		

III. Professional Licensure (License must be current, valid, and unrestricted) (Section D, Item 2):

_____ (State) Date of Expiration: _____ (mm/dd/yy)

IV. Medical Certification: This should include BLS, etc. (Section D, Item 3).

Type of Certification and Date of Certification or
Expiration: _____

V. Professional Employment (Section D, Item 4 and Factor for Award): List your current and preceding employers. Provide dates as month/year.

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
(1) _____	_____	_____

Work Performed: _____

<u>Name and Address of Previous Employer</u>	<u>From</u>	<u>To</u>
(2) _____	_____	_____

Work Performed:

(3)

From

To

Work Performed:

Are you are currently employed on a Navy contract? _____

If so where is your current contract and what is the position?

When does the contract expire? _____

VI. Continuing Education (Factor for Award):

Title of Course

From

To

CE

Hours

VII. Employment Eligibility (Section D, Item 9):

Yes

No

Do you meet the requirements for U.S. Employment Eligibility contained in Section V?

VIII. Professional References (Section D, Item 6)

Provide letters of recommendation from three practicing physicians attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years.

IX. Additional Information

Provide any additional information you feel may enhance your ranking based on Section E. Factors to be Used in a Contract Award Decision, such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

X. I hereby certify the above information to be true and accurate:

(Signature)

(Date)

(mm/dd/yy)

ATTACHMENT 02

PRICING SHEET
PERIOD OF PERFORMANCE

Services are required from 13 February 2004 through 30 September 2004. Four option periods will be included which will extend services through 12 February 2009, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Health Educators in the Quantico, VA area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u> <u>Amount</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total</u>
0001	The offeror agrees to perform on behalf of the Government, the duties of one Health Educator at the Naval Medical Clinic, Quantico, VA in accordance with this Application and the resulting contract.				
0001AA	Base Period; 9 Feb 04 thru 30 Sep 04	1352	Hour	_____	_____
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	2088	Hour	_____	_____
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	2088	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	2080	Hour	_____	_____
0001AF	Option Period V; 1 Oct 08 thru 6 Feb 09	728	Hour	_____	_____
0002	Travel	TBD			

TOTAL CONTRACT _____

Printed Name _____

Signature _____ Date _____
(Signature) (Date)

ATTACHMENT 03**LISTS OF ACCEPTABLE DOCUMENTS****SUBMIT ONE FROM LIST A****LIST A****Documents that Establish Both Identity and Employment Eligibility**

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**LIST B****Documents that Establish Identity**

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card

LIST C**Documents that Establish Employment Eligibility**

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document

7. U.S. Coast Guard Merchant
Mariner Card

8. Native American tribal document
Citizen in the United States

9. Driver's license issued by a
Canadian government authority

For persons under age 18 who
are unable to present a
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident
(INS Form I-179)

7. Unexpired employment
authorization document issued
by the INS (other than those
listed under List a).

ATTACHMENT 04**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html>. If you do not have internet access, please contact (301) 619-2151 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 22V
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

ATTACHMENT 05**SMALL BUSINESS PROGRAM REPRESENTATIONS**

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
() The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ___ Black American.
___ Hispanic American.
___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).